REPLY TO
ATTENTION OF

MCHS-IS   17 September 2001

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Minutes of the Medical Command Data Quality for AMEDD
Success Team (DQFAST)

1. The DQFAST met in Room 107, Patient Administration Systems
and Biostatistics Activity (PASBA) Conference Room,
Building 126, at 0900 on 11 September 2001.

   a. Members Present:

      COL Halvorson, Team Leader, PASBA
      COL Jones, AC0S (HP&S)
      MAJ Burzynski, OTSG (IMD)
      MAJ Wesloh, PASBA
      Ms. Enloe, PASBA
      Mr. James, PASBA
      Mr. Jensen, ACofS (RM)
      Ms. Leaders, TRICARE Operations Division
      Ms. Mandell, PASBA
      Mr. Padilla, RM
      Ms. Robinson, PASBA
      Mr. Thompson, Internal Review

   b. Members Absent:

      LTC Starcher, PASBA
      LTC Dolter, Outcomes Management
      MAJ Stewart, MEDCOM PAD
      Ms. Bacon, AMPO
      Ms. Cyr, ACofS (PA&E)
      AcofS Personnel Representative

   c. Others Present:

      MAJ Shahbaz, OTSG (Decision Support Cell)
      Ms. Bowman, TRICARE Operations Division
      Mr. Cardenas, AMPO

MCHS-I
SUBJECT: Minutes of the Medical Command Data Quality for AMEDD
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2. Opening Remarks. There were no opening remarks.

3. Old Business.

    a. Approval of Minutes. The August minutes were approved
as written.

    b. DQFAST Metrics (exceptions only). There were no
exceptions to report.

    c. Data Quality Management Control Program (DQMCP) Pending
Issues.

        (1) Inpatient/Outpatient Records Coding Issues.

        (a) The PASBA coding consultant's training video
teleconferences (VTCs) are going well. The next VTC is
scheduled for 24 September 2001. The focus has been on baseline
training, but is shifting to Army issues and itemized billing.
It was noted that successful funding, under the upcoming TRICARE
For Life accrual-basis funding methodology, will be dependent
upon coding quality.

        (b) The allocation of the pending funding for coding
requirements is unknown. Internet coding training is dependent
upon this funding. The PASBA representatives are to research
and report on the status of the allocation of pending coding
funding at the next DQFAST meeting.

        (c) The TRICARE Management Activity (TMA) conducted a
coding validation study in Region 7 last year, and has initiated
a study for Region 1.

        (2) Medical Expense and Performance Reporting System
(MEPRS) Transition to Expense Assignment System (EAS) IV. About
90 percent (32 of 35) of the military treatment facilities
(MTFs) are processing raw data versus using an EASIII file
converted to EAS IV format. Three sites (Walter Reed Army
Medical Center, Ft. Belvoir, and Ft. Meade) are processing an
EAS III converted file but are expected to be processing raw
data soon. The transition is improving.

MCHS-I
SUBJECT: Minutes of the Medical Command Data Quality for AMEDD
Success Team (DQFAST)

        (3) Great Plains Regional Medical Center (GPRMC)
Issues, enclosure 1.

        (a) Conflicting Metrics--The GPRMC is still tracking
this issue from last month (see previous minutes). The PASBA
previously responded with an explanation and a call for input
from the Regional Medical Commands (RMCs) regarding the DQMCP
Green-Amber-Red thresholds. No RMCs responded. **Decision: The
Army MEPRS Program Office (AMPO) will provide additional
information for feedback to GPRMC.**

        (b) Fort Riley requested a system change request (SCR)
(enclosure 2) to enhance the telephone consult functionality
within the Composite Health Care System. **Decision: The SCR
will be distributed to DQFAST members for discussion at the next
DQFAST meeting.**

        (c) The GPRMC shared a positive comment concerning the
DQMCP: "The GPRMC has found the success of the DQMCP is the
shared effort and collaboration of the different MTF functional
areas that impact data entry, collection and submission." The
DQFAST appreciates such feedback.

    d. DQMCP Update

        (1) The TMA and the three Services have completed
revision of the Review List and Commander's Statement. The new
version has not yet been approved, but is expected to be
implemented beginning with the December 2001 report (October
2001 data).

        (2) The TMA is discussing the possibility of
establishing a web server for direct input of the Commander's
Statements. The DQFAST feels that The Surgeon General will not
support this.

    e. DQMCP Summary of the Summary, enclosure 3. Members
reviewed the document without comment. The Team Leader
discussed the new monthly requirement for an Executive Summary
of the input.

MCHS-I
SUBJECT: Minutes of the Medical Command Data Quality for AMEDD
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    f. DQMCP Trends Update.

        (1) Question one was changed back to the original
question that requires daily end-of-day processing versus a
policy that supports daily end-of-day processing. The overall
compliance decreased as a result.

        (2) Compliance for all questions related to EAS/MEPRS
input declined because the DQMCP reporting month was enforced.
Data from months other than required by the DQMCP is no longer
accepted.

        (3) All trend documents (enclosures 4, 5, and 6) were
previously provided to members for review, but not discussed.

    g. Electronic Signature Update––All but one site was
successful in using an electronic signature for the DQMCP
submission. There are some problems with forms altered after
the electronic signature has been applied. Most of these
problems are associated with format changes or other non-content
matters.

    h. Full-Time Equivalent Accountability Update––The AMPO is
awaiting software application assistance from PASBA. There are
also validity and standardization concerns with this initiative.
The PASBA will investigate the concerns.

    i. Data Quality in the Balkans––There are still problems
with many incomplete records. The PASBA is working with the
deployed unit to complete their records before they rotate out
this week. The replacement unit received training last week.

4. New Business. There was no new business discussion.

5. Deferred Issues. The end-of-day procession metric
discussion and the membership review were deferred.

MCHS-I
SUBJECT: Minutes of the Medical Command Data Quality for AMEDD
Success Team (DQFAST)

6. The meeting adjourned at 0940. The next meeting is
scheduled for 0900, 9 October 2001, in the PASBA conference
room.

6 Encls   JAMES A. HALVORSON
as   COL, MS
                                        DQFAST Team Leader

DISTRIBUTION:
1-Each Committee Member